

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5						
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16						
17						
18						
19	1					
20						
21						
22		2				
23						
24	1					
25						
26						
27		2				
28						
29						
30		1				
31						
32		2				
33						
34	1					
35						
36						
37		2				
38						
39	1		1			
40						
41						
42						
43	1		1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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96						
97						
98						
99						
100						
TOTAL IND.					4	
TOTAL DEP.					35	
TOTAL CLAIMS					34	